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OFFICIAL

P. 3

HP Docket No. 10001606-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:09/648,531	)
Conf. No.	:5682	)
Applicant	:Frazier et al.	)
Filed	:08/23/2000	)
Title	:Image Printing Devices with AM/FM Half-Toning with Self-Determination of Dot Size and Method of Implementing Same	)
TC / Art Unit	:2624	)
Examiner	:Stephen M. Brinich	)
Docket No.	:10001606-1	)
Customer No.	:022879	)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE

Sir:

In response to the Office Action dated 03/29/2004, please enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

Page 1 of 13

07/26/2004 SMORE 00000001 082025 09640531

PAGE 3/15 \* RCVD AT 6/25/2004 8:10:23 PM [Eastern Daylight Time] \* SVR:USPTO-EFAXP-1/4 \* DNS:8729306 \* CGID: \* DURATION (mm:ss):05:34

01 FC:1201

344.00 DA

02 FC:1202

162.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/648531

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	22 minus 20 =	2
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	31 Minus	22	= 9
Independent	8 Minus	4	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• Minus	**	=
Independent	• Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• Minus	**	=
Independent	• Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY

TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	345.00			690.00
X\$ 9=			X\$18=	360
X39=			X78=	720
+130=			+260=	
TOTAL			TOTAL	804.00

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	162
X39=			X78=	344
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	506.00

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

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